Document Page 1 of 10 UNITED STATES BANKRUPTCY COURT DISTRICT OF NEW JERSEY In re: Bed Bath & Beyond of Davenport Inc. Case No. 23-13372 Lead Case No. 23-13359 Debtor(s) **Post-confirmation Report** Chapter 11 Quarter Ending Date: 03/31/2024 Petition Date: 04/23/2023 Plan Confirmed Date: 09/14/2023 Plan Effective Date: 09/29/2023 This Post-confirmation Report relates to: • Reorganized Debtor Other Authorized Party or Entity: Bed Bath & Beyond of Davenport Inc. Name of Authorized Party or Entity /s/ Bradford J. Sandler Bradford J. Sandler, Esq. Signature of Responsible Party Printed Name of Responsible Party 04/23/2024 Pachulski Stang Ziehl & Jones LLP Date 780 Third Avenue, 34th Floor

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STATEMENT: This Periodic Report is associated with an open bankruptcy case; therefore, Paperwork Reduction Act exemption 5 C.F.R. § 1320.4(a)(2) applies.

New York, NY 10017-2024

Address

Case 23-13359-VFP

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Debtor's Name Bed Bath & Beyond of Davenport Inc.

Case No. 23-13372

Part 1: Summary of Post-confirmation Transfers

	Current Quarter	Total Since Effective Date
a. Total cash disbursements	\$0	\$0
b. Non-cash securities transferred	\$0	\$0
c. Other non-cash property transferred	\$0	\$0
d. Total transferred (a+b+c)	\$0	\$0

	confirmation Professional F		Approved	Approved	Paid Current	Paid
Dro	fassional face & avnances (hankm	untov)	Current Quarter		Quarter	Cumulativ
inci	fessional fees & expenses (bankrurred by or on behalf of the debto	r Aggregate Total	\$0	\$0	\$0	
Iten	nized Breakdown by Firm					
	Firm Name	Role				
i			\$0	\$0	\$0	
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iii						
iv						
v						
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viii	i					
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xiii	i					
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xxi	iv					
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xxv	vii					
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					Approved	Approved	Paid Current	Paid
					Current Quarter	Cumulative	Quarter	Cumulative
b.		sional fees & expenses (nor ad by or on behalf of the del		Aggregate Total	\$0	\$0	\$0	\$0
	Itemize	ed Breakdown by Firm						
		Firm Name	R	Role				
	i				\$0	\$0	\$0	\$0
	ii							
	iii							
	iv							
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c.	All professional fees and expenses (deb	otor & committees)	\$0	\$0	\$0	\$0

	Total Anticipated Payments Under Plan	Paid Current Quarter	Paid Cumulative	Allowed Claims	% Paid of Allowed Claims
a. Administrative claims	\$0	\$0	\$0	\$0	0%
b. Secured claims	\$0	\$0	\$0	\$0	0%
c. Priority claims	\$0	\$0	\$0	\$0	0%
d. General unsecured claims	\$0	\$0	\$0	\$0	0%
e. Equity interests	\$0	\$0	\$0		

Part 4: Questionnaire				
a. Is this a final report?		Yes 🔿	No 💿	
If yes, give date Final Decree was entered:				
If no, give date when the application for Final Decree is anticipated:	12/31/2024			
b. Are you current with quarterly U.S. Trustee fees as set forth under 28 U.S.C. §	Yes 💿	No 🔘		

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Case No. 23-13372

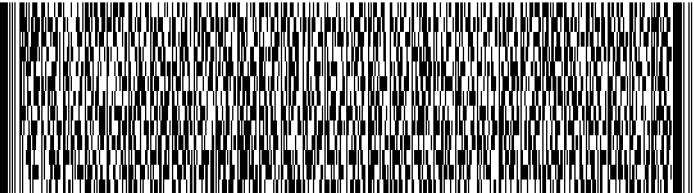
Privacy Act Statement

28 U.S.C. § 589b authorizes the collection of this information and provision of this information is mandatory. The United States Trustee will use this information to calculate statutory fee assessments under 28 U.S.C. § 1930(a)(6) and to otherwise evaluate whether a reorganized chapter 11 debtor is performing as anticipated under a confirmed plan. Disclosure of this information may be to a bankruptcy trustee when the information is needed to perform the trustee's duties, or to the appropriate federal, state, local, regulatory, tribal, or foreign law enforcement agency when the information indicates a violation or potential violation of law. Other disclosures may be made for routine purposes. For a discussion of the types of routine disclosures that may be made, you may consult the Executive Office for United States Trustee's systems of records notice, UST-001, "Bankruptcy Case Files and Associated Records." *See* 71 Fed. Reg. 59,818 et seq. (Oct. 11, 2006). A copy of the notice may be obtained at the following link: http://www.justice.gov/ust/eo/rules_regulations/index.htm. Failure to provide this information could result in the dismissal or conversion of your bankruptcy case, or other action by the United States Trustee. 11 U.S.C. § 1112(b)(4)(F).

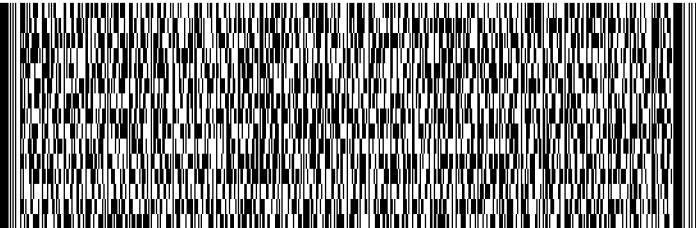
I declare under penalty of perjury that the foregoing Post-confirmation Report and its attachments, if any, are true and correct and that I have been authorized to sign this report.

/s/ Michael Goldberg	Michael Goldberg, as Plan Administrator
Signature of Responsible Party	Printed Name of Responsible Party
Solely in his capacity as Plan Administrator	04/23/2024
Title	Date

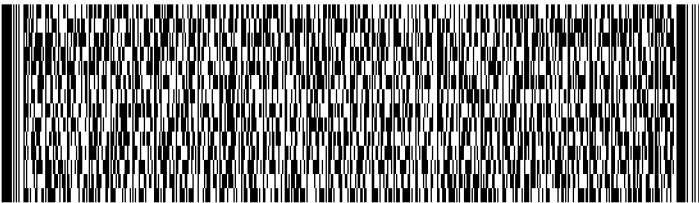
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